


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

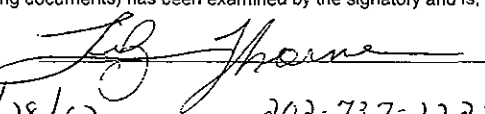
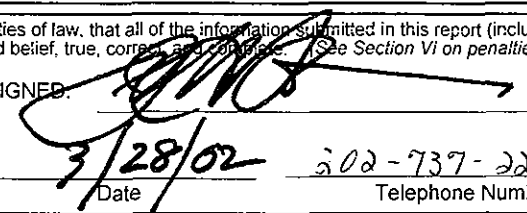
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only   <b>E</b>	1. FILE NUMBER  5 0 6 - 4 3 4	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 1 Through 1 2 3 1 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name J O H N Last Name B O A R D M A N P.O. Box - Building and Room Number (if any) 7 T H F L O O R Number and Street 1 0 0 3 K S T R E E T N W City W A S H I N G T O N State ZIP Code + 4 D C 2 0 0 0 1 -		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 25	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  3/28/02 Date	PRESIDENT (If other title, see instructions.) 202-737-2225 Telephone Number	77. SIGNED:  3/28/02 Date	TREASURER (If other title, see instructions.) 202-737-2225 Telephone Number
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## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☐ ☒
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☒ ☐
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 7 1 5 9
19. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0

21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 15.45 - 44.40 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 50 & 105
(c) Transfer Fees	\$ .25
(d) Work Permits	\$ .55 - 19.50 per MONTH (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes ☒ No ☐  
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

# STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 5 0 6 - 4 3 4

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
<b>ASSETS</b>	25. Cash.....			1 0 3 2 7 7 7	1 3 9 7 6 6 9
	26. Accounts Receivable.....			2 2 5 0 0 0	2 2 5 0 0 0
	27. Loans Receivable.....	1		0	0
	28. U.S. Treasury Securities.....			3 1 6 5 4 8	3 2 9 5 7 7
	29. Investments.....	2		0	0
	30. Fixed Assets.....	5		5 7 4 6 9 7	5 5 1 9 9 9
	31. Other Assets.....	3		1 2 3 1 9	1 7 5 2 0
	32. TOTAL ASSETS.....			2 1 6 1 3 4 1	2 5 2 1 7 6 5
<b>LIABILITIES</b>	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable.....			9 5 4 5 8	1 2 3 4 0 7
	34. Loans Payable.....	8		3 8 0 7 5 8	3 7 1 7 5 8
	35. Mortgages Payable.....			0	0
	36. Other Liabilities.....	4		0	0
37. TOTAL LIABILITIES.....			4 7 6 2 1 6	4 9 5 1 6 5	
38. NET ASSETS (Item 32 less Item 37).....			1 6 8 5 1 2 5	2 0 2 6 6 0 0	

# STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 5 0 6 - 4 3 4

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			2 9 7 3 6 2 6	56. To Officers.....	9		2 2 3 0 7 7
40. Per Capita Tax.....			0	57. To Employees.....	10		4 3 7 1 4 6
41. Fees.....			1 1 9 7 6 0	58. Per Capita Tax.....			9 9 0 9 7 7
42. Fines.....			0	59. Fees, Fines, Assessments, etc. ....			3 3 7
43. Assessments.....			0	60. Office & Administrative Expense....	13		3 4 0 2 2 2
44. Work Permits.....			1 1 1 4 4	61. Educational & Publicity Expense...			2 9 6 6 8
45. Sale of Supplies.....			0	62. Professional Fees.....			1 3 6 8 1 2
46. Interest.....			4 9 6 5 1	63. Benefits.....	11		2 2 5 0 9 3
47. Dividends.....			0	64. Contributions, Gifts & Grants.....	12		4 8 3 5 4
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			1 0 2 5 1 8
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			2 7 6 4 8 0
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		7 3 0 2
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf.....			9 4 9 5	70. Repayment of Loans Obtained.....	8		9 0 0 0
54. Other Receipts.....	14		2 2 2 1 1 2	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			6 8 4 5
				73. Other Disbursements.....	15		1 8 7 0 6 5
55. TOTAL RECEIPTS.....			3 3 8 5 7 8 8	74. TOTAL DISBURSEMENTS .....			3 0 2 0 8 9 6

**Enter Amounts in Dollars Only -- Do Not Enter Cents**

## SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 ..... Item 69 ..... Item 51 ..... Item 75 ..... Item 27 Column (A) ..... with Explanation ..... Column (B)					

# **SCHEDULE 2 - INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: **5 0 6 - 4 3 4**

# **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	0
2. Total Book Value	0
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) None	0
(b)	
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. (a) None	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
The total from Line 7 is entered in ..... Item 29, Column (B)	

Description (A)	Book Value (B)
1. ACCRUED INTEREST RECEIVABLE	2 1 5 2
2. SECURITY DEPOSIT	4 2 9 2
3. PREPAID INSURANCE	1 1 0 7 6
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 7 5 2 0
The total from Line 7 is entered in ..... Item 31, Column (B)	

# **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in ..... Item 36, Column (D)	

# SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 5 0 6 - 4 3 4

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 1003 K ST. NW, WASHINGTON, DC	4 7 2 3 4 7		4 7 2 3 4 7	4 7 2 3 4 7
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 3 0 3 3 2	1 5 0 6 8 0	7 9 6 5 2	7 9 6 5 2
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	7 0 2 6 7 9	1 5 0 6 8 0	5 5 1 9 9 9	5 5 1 9 9 9
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

# SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in ..... Item 49				

# SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 0 6 - 4 3 4

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. FURNITURE & FIXTURES	7 3 0 2	7 3 0 2	7 3 0 2
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	7 3 0 2	7 3 0 2	7 3 0 2
	7. Less Reinvestments		0
	8. Net Purchases		7 3 0 2
The total from Line 8 is entered in ..... Item 68			

# SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. H.E.R.E. INTERNATIONAL LOAN	3 8 0 7 5 8	0	9 0 0 0	0	3 7 1 7 5 8
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	3 8 0 7 5 8	0	9 0 0 0	0	3 7 1 7 5 8
The total from Line 6 is entered in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34 Column (C) with Explanation Column (D)					



# SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 5 0 6 - 4 3 4

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. THORNE LIZ PRESIDENT	C	5 5 9 1 6	0	2 3	0	5 5 9 3 9
2. BOARDMAN JOHN EXEC. SEC. TREA	C	6 6 8 4 0	0	1 1 1 7 7	0	7 8 0 1 7
3. BOATWRIGHT MABLE V. PRES	C	5 2 0 0 0	0	0	0	5 2 0 0 0
4. BURNS LOU V. PRES	C	0	0	0	0	0
5. ADAMS ELENORA V. PRES	C	0	1 4 4 7	0	0	1 4 4 7
6. LANGFORD RENEE REC. SEC.	C	0	1 0 0 0 0	0	0	1 0 0 0 0
7. POWELL RICK SERGEANT AT ARM	C	5 2 0 0 0	0	5 8 0	0	5 2 5 8 0
8. Totals from additional pages (if any)		1 3 6 9 2 3	7 8 2 5	2 6 3	0	1 4 5 0 1 1
9. Totals of Lines 1 through 8		3 6 3 6 7 9	1 9 2 7 2	1 2 0 4 3	0	3 9 4 9 9 4
				10. Less Deductions		1 7 1 9 1 7
				11. Net Disbursements		2 2 3 0 7 7
The total from Line 11 is entered in ..... Item 56						

\*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

# SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 5 0 6 - 4 3 4

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)	
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
ARAGON WILLIAM 1. BUS. ASSOC.	4 7 7 5 5	0	3 9 9	0	4 8 1 5 4	
ARANT KRISTEN 2. OFFICE	2 4 1 8 0	0	9 4	0	2 4 2 7 4	
BELLE VILMA 3. OFFICE	4 1 0 0 2	0	0	0	4 1 0 0 2	
CONNER LISA 4. OFFICE	4 7 7 5 5	0	1 3 1	0	4 7 8 8 6	
DIN MUI 5. ORGANIZATION	1 4 5 8 7	0	0	0	1 4 5 8 7	
6. Totals from additional pages (if any)	4 4 7 3 8 6	0	4 1 3 6	0	4 5 1 5 2 2	
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	1 5 8 6 4	0	0	0	1 5 8 6 4	
8. Totals of Lines 1 through 7	6 3 8 5 2 9	0	4 7 6 0	0	6 4 3 2 8 9	
			9. Less Deductions			2 0 6 1 4 3
			10. Net Disbursements			4 3 7 1 4 6
The total from Line 10 is entered in ..... Item 57						

# SCHEDULE 11 - BENEFITS

FILE NUMBER: 5 0 6 - 4 3 4

Description (A)	To Whom Paid (B)	Amount (C)
1. STAFF LEGAL PLAN	LEGAL FUND	7 1 9 7
2. WELFARE, DENTAL AND OPTICAL PLANS	WELFARE FUND	1 0 3 7 8 6
3. STAFF PENSION PLAN	PENSION FUND	1 0 8 5 5 4
4. LIFE INSURANCE AND DISABILITY	INSURANCE COMPANY	5 1 0 6
5. Total from additional pages (if any)		4 5 0
6. Total of Lines 1 through 5		2 2 5 0 9 3
The total from Line 6 is entered in ..... Item 63		

# SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. TICKETS AND ADS	1 5 3 5 9
2. CHARITABLE CONTRIBUTIONS	2 5 9 2 0
3. POLITICAL CONTRIBUTIONS	7 0 7 5
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 8 3 5 4
The total from Line 8 is entered in ..... Item 64	

# SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	1 2 6 0 7 5
2. COMMUNICATIONS	3 8 3 8 7
3. INSURANCE AND BONDING	2 8 9 4 0
4. CONVENTIONS & MEETINGS	4 7 3 6 1
5. OFFICE AND POSTAGE	8 2 0 9 4
6. REPAIRS & MAINTENANCE	1 7 3 6 5
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	3 4 0 2 2 2
The total from Line 8 is entered in ..... Item 60	

## SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. INTERNATIONAL BURIAL BENEFIT	4 5 0
2. INTERNATIONAL UNION SUBSIDY	1 8 7 6 3 3
3. REFUND OF SECURITY DEPOSITS	1 3 7 5
4. EXPENSE REIMBURSEMENT(PHONE)	1 1 9 4
5. EXPENSE REIMBURSEMENT(OFFICE)	1 8 3 2
6. EXPENSE REIMBURSEMENT(TRAVEL)	1 1 5 0
7. EXPENSE REIMBURSEMENT(FOOD)	4 8
8. REFUND OF DUES & SUBSCRIPTIONS	1 5
9. EXPENSE REIMBURSEMENT(TV SHOW)	5 0 0 0
10. EXPENSE REIMBURSEMENT(BENEFITS)	6 3 9
11. ANNUAL PICNIC	9 0 0 0
12. ATLANTIC CITY TRIP	1 3 7 7 6
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	2 2 2 1 1 2
The total from Line 17 is entered in ..... Item 54	

## SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. SCHOLARSHIP FUND	4 2 8
2. ANNUAL PICNIC	2 2 0 6 2
3. ATLANTIC CITY TRIP	1 3 8 0 6
4. ELECTION & INSTALLATION	1 2 0 6 9
5. FLOWERS & MEMORIALS	1 4 1 0
6. OTHER WITHHOLDINGS	7 8 0 0 7
7. TRAVEL & ENTERTAINMENT	3 7 0 0 2
8. NEGOTIATIONS	4 1 1
9. DUES AND SUBSCRIPTIONS	2 0 3 9
10. EXECUTIVE BOARD EXPENSES	9 4 2
11. WITNESS FEES AND LOST EARNINGS	1 0 8 3 7
12. BANK SERVICE CHARGES	9 6 3
13. REFUND OF DUES	7 0 8 9
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 8 7 0 6 5
The total from Line 17 is entered in ..... Item 73	

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
HARRIELL CHAIRMAN	FRED	C	4 7 7 5 5	0	2 0	0	4 7 7 7 5
BETANCOURT SECRETARY	ROSA	C	0	1 0 4 9	0	0	1 0 4 9
RICHARDSON TRUSTEE	RON	C	0	0	0	0	0
WALLACE AIDE	NANCY	C	4 7 7 5 5	0	2 2 9	0	4 7 9 8 4
YOUNG AIDE	MARY	C	3 6 8 2	0	0	0	3 6 8 2
MARTIN AIDE	LINDA	C	3 7 7 3 1	0	1 4	0	3 7 7 4 5
TOON AIDE	RICKIE	C	0	7 5 4	0	0	7 5 4
GONZALEZ AIDE	SILVIA	C	0	1 0 2 2	0	0	1 0 2 2

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2001

FILE NUMBER: 5 0 6 - 4 3 4

## SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
TILGHMAN CYPRIAN PRESIDENT	P	0	5 0 0 0	0	0	5 0 0 0

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
DYE OFFICE BARBARA	3 4 3 1 8	0	0	0	3 4 3 1 8
FILLIUS OFFICE MGR. JAN	4 7 7 5 5	0	1 3 1	0	4 7 8 8 6
CORDOVA ORGANIZATION MIGUEL	3 9 0 3 9	0	0	0	3 9 0 3 9
HARRISON OFFICE JAYSON	1 9 3 6 1	0	0	0	1 9 3 6 1
KARR OFFICE PAUL	3 5 9 1 1	0	1 1 9 7	0	3 7 1 0 8

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
MASON	PEGGY	3 4 0 0 2	0	0	0	3 4 0 0 2
OFFICE						
MOSES	HENRY	4 2 7 5 0	0	1 9 5 5	0	4 4 7 0 5
OFFICE						
RIVERA	JORGE	5 2 0 0 0	0	0	0	5 2 0 0 0
BUS. ASSOC.						
SHEEHAN	ELIZABE	1 9 9 0 1	0	0	0	1 9 9 0 1
OFFICE						
THORPE	JUNIOR	3 7 8 2 7	0	2 3 8	0	3 8 0 6 5
OFFICE						



ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

ENDING DATE OF PERIOD COVERED:  
12/31/2001

FILE NUMBER: 5 0 6 - 4 3 4

## SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
TYLER	LISA	2 6 3 6 6	0	6 1 5	0	2 6 9 8 1
ORGANIZATION						
YOUNG	OLGA	2 3 9 6 7	0	0	0	2 3 9 6 7
ORGANIZATION						
ZAPATA	SOFIA	3 4 1 8 9	0	0	0	3 4 1 8 9
OFFICE						

ENDING DATE OF PERIOD COVERED:  
12/31/2001

**SCHEDULE 11 – BENEFITS (continued)**[illegible]

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## 75. ADDITIONAL INFORMATION

Item Number	
11	<p>LOCAL 25 PENSION FUND. LOCAL 25 LEGAL FUND. LOCAL 25 HEALTH &amp; WELFARE FUND. FOOD &amp; BEVERAGE LOCAL 32 HEALTH &amp; WELFARE FUND. FOOD &amp; BEVERAGE LOCAL 32 PENSION FUND. 10626 YORK ROAD, COCKEYSVILLE, MARYLAND 21030-2341.</p> <p>H.E.R.E. INTERNATIONAL UNION WELFARE &amp; PENSION FUND. P. O. BOX 6557, AURORA, ILLINOIS 60598.</p> <p>401K PRINCIPAL FINANCIAL GROUP P. O. BOX 9397, DES MOINES, IOWA 50306.</p> <p>SCHEDULE 9 INCLUDES AUTO EXPENSES WHICH MAY HAVE BEEN USED PERSONALLY.</p>

ORGANIZATION NAME:  
HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 5 0 6 - 4 3 4

ENDING DATE OF PERIOD COVERED:  
12/31/2001

## 75. ADDITIONAL INFORMATION *(continued)*

Item Number	
16	JOHN BOARDMAN IS A DISTRICT 2 VICE PRESIDENT AND RENEE LANGFORD IS AN ADMINISTRATIVE ASSISTANT TO THE EXECUTIVE VICE PRESIDENT FOR THE H.E.R.E. INTERNATIONAL UNION.

### AMENDMENT to LOCAL 25'S BYLAWS

To amend Hotel & Restaurant Employees Local 25, AFL-CIO Bylaws, Article XI Section 7 (b) to read as follows: "The amounts allocated by the former Local 209 sick and death funds shall be merged with the Local Union's treasury and shall be available for general purposes of the Local Union. Any payment flowing from the specified purposes of the Local 209 sick and death fund shall henceforth be the responsibility of the Local Union."

To approve the establishment of the Local 25 Strike Fund that shall be maintained separately from the General Fund and shall be used solely for strikes or disputes arising out of shop transitions, contract negotiations or organizing campaigns. The Strike Fund shall be a \$5.00 per month dues increase effective August 1, 2001, except Northern Virginia shops where it shall be \$1.00 per month and Southern Virginia and Sky Chef's shops where there shall be no increase.

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